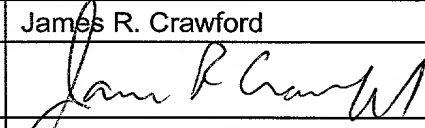


UTILITY PATENT APPLICATION TRANSMITTAL (only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	UNIUS-203 (10025497)	Total Pages	---
	First Named Inventor or Application Identifier			
	Yoshinori NAKAGAWA and Takahiro IKEJIRI			
	Express Mail Label No.	EL 759724025 US		
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate)		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Specification [Total Pages 17] (Preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies		
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 3]		ACCOMPANYING APPLICATION PARTS		
4. <input checked="" type="checkbox"/> Oath or Declaration <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional check boxes 5 and 16)<ul style="list-style-type: none">i. <input type="checkbox"/> Deletion of Inventor(s)Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))		
5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney		
		10. <input type="checkbox"/> English Translation Document (if applicable)		
		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
		12. <input checked="" type="checkbox"/> Preliminary Amendment		
		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
		14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) JP2000-215332		
		15. <input checked="" type="checkbox"/> Other: Small entity statement of assignee		
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No:				
17. <input type="checkbox"/> For this application, please cancel original Claims of the prior application before calculating the filing fee.				
18. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 24972 or <input type="checkbox"/> Correspondence Address below				
19. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to James R. Crawford at: Telephone: (212) 318-3148 Fax: (212) 318-3400				
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	James R. Crawford		Reg. No. 39,155	
SIGNATURE				
DATE	December 15, 2000			

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	Nakagawa et al..
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket Number	UNIUS-203

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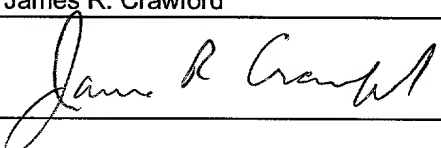
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	10 - 20 =	0	x 9.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 82.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	-----
			TOTAL FEES	\$355.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 50-0624 in the amount of \$355.00
- ☐ A check for \$710.00.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	James R. Crawford	Reg. No. 39,155
Signature		Date: December 15, 2000
		Deposit Account No. 50-0624